

2020

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH					
County <u>Mohave</u>		State <u>Arizona</u>		State File No. <u>255</u>	
District or Township		or Village		Registered No. <u>46</u>	
City <u>Chloride</u>		No.		St. Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>J K Murphy</u>					
(a) Residence. No. (Usual place of abode) St. Ward					
Length of residence in city or town where death occurred <u>12</u> yrs. mos. ds. (If non-resident, give city or town and State)					
How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOW-ED or DIVORCED.			
<u>Male</u>	<u>White</u>	<u>Divorced</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day and year) <u>1957</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.	
<u>7</u>	<u>1</u>				
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Miner</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>New York</u> (State or country)					
10. NAME OF FATHER					
11. BIRTHPLACE OF FATHER (State or country) (city or town)					
12. MAIDEN NAME OF MOTHER					
13. BIRTHPLACE OF MOTHER (State or country) (city or town)					
14. Informant (Address)					
15. Filed <u>Aug 22, 1928</u> <u>Mrs. Margaret Dolan</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) <u>Aug 15th 1928</u>					
17. I HEREBY CERTIFY, That I attended deceased from 19 to 19, that I last saw him alive on 19, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows: <u>Gastroenteritis, Acute.</u> <u>Due to Alcohol.</u>					
(duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed) <u>J R Wanner</u> Ex Off. Coroner <u>Chloride, Ariz.</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL					
<u>Kingman Ariz</u> <u>Aug 22, 1928</u>					
20. UNDERTAKER ADDRESS					
<u>C.R. VanMarter</u> <u>Kingman</u>					